

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JIMMIE LEWIS	COURT CASE NUMBER	CA NO. 05-013 6ms
DEFENDANT	DR. BOSTON	TYPE OF PROCESS	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DR. BOSTON IS THE MENTAL HEALTH SUPERVISOR AT HRYCI ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1301 E. 12TH ST, WILM, DE 19809		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	4
JIMMIE LEWIS, SBI # 506622 DEL. CORR. CENTER 1181 PADDOCK RD SMYRNA, DE 19977		Number of parties to be served in this case	44
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

COMPLAINTS ARE DATED: 7/18/06, 3/29/05,
(FORMA PAUPERIS) 1/6/05, 10/3/05

Signature of Attorney or other Originator requesting service on behalf of:

Jimmie Lewis

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/12/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk BF	Date 10-4-06
---	---------------	---------------------------------	--------------------------------	--	-----------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 10/5/06	Time am pm
	Signature of U.S. Marshal or Deputy BIC	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

No longer @ HRYCI

Return Unexecuted 05:8 AM 9-1009007

CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
FILED